Case 15-42495 Doc 1 Fill in this information to identify your case:	Filed 12/17/15	Entered 12/17/15 12:31:09 age 1 of 63	Desc Main
United States Bankruptcy Court for the:			
Northern District of: Illinois (State)			
Case number (if known)	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13		Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Ca Cheyanne First name Write the name that is on your government-issued picture identification to your meeting with the trustee. Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8 years Include your married or maiden names. About Debtor 1: Cheyanne First name M Middle name Johnson Last name Suffix (Sr., Jr., II, III) First name First name First name Middle name First name First name Last name First name Middle name	art 1: Identify Yourself		
First name Write the name that is on your government-issued picture identification (for example, your driver's license or passport Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8 years Include your married or maiden names. First name First name Middle name Last name Suffix (Sr., Jr., II, III) First name First name Middle name First name		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Write the name that is on your government-issued picture identification (for example, your driver's license or passport Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8 years Include your married or maiden names. M Middle name Dahnson Last name Suffix (Sr., Jr., II, III) First name First name Middle name First name First name Last name First name			First name
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license or passport Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8 years Include your married or maiden names. Middle name Last name First name Last name Last name First name First name Last name First name	picture identification (for		Middle name
identification to your meeting with the trustee. 2. All other names you have used in the last 8 years Include your married or maiden names. Middle name Last name First name First name Last name First name		Last name	Last name
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8 years Include your married or maiden names. Last name First name Middle name Last name Last name First name	All other names you		
Include your married or maiden names. Last name First name Middle name Last name Last name First name		First name	First name
Include your married or maiden names. Last name Last name First name First name	•	Middle name	Middle name
Last name First name First name First name	Include your married or	Wildule Harrie	Wildle Halle
		Last name	Last name
Middle name Middle name		First name	First name
		Middle name	Middle name
Last name Last name		Last name	Last name
3. Only the last 4 digits XXX - XX- 0292 XXX - XX-	-	XXX - XX- <u>0292</u>	xxx - xx-
Security number or OR OR	-	OR	OR
federal Individual 9 xx - xx- Taxpayer Identification number (ITIN)	Taxpayer Identification	9 xx - xx-	9 xx - xx-

Cheyan Gase 15-42495 м Дос 1 Filed 12/4h7/445 Entered 1:241.7/115/112:31:09 Desc Main Debtor 1 Page 2 of 63 Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names 5. Where you live If Debtor 2 lives at a different address: 371 Yates Ave Apt 10 Number Street Number Street Calumet City 60409 Illinois City State Zip Code City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City State Zip Code City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived Over the last 180 days before filing this petition, I have lived district to file for in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Cheyan Gase 15-42495 MDoc 1 Filed 12/4h7/4b5 Entered 1:241.7415 (1)2431:09 Desc Main Debtor 1 Page 3 of 63 Document of the Document of th Tell the Court About Your Bankruptcy Case Part 2: 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to ✓ Chapter 7 fileunder Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for ✓ No. bankruptcy within the last 8 years? Yes. District When MM / DD / YYYY When Case number MM / DD / YY District _____ When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes. District Relationship to you spouse who is not When Case number, if known filing this case with you, or by a District Relationship to you business partner, or When Case number, if known by an affiliate? MM / DD / YYYY 11. Do you rent your ✓ No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Page 4 of 63 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor Part 3: 12. Are you a sole \square No. Go to Part 4. proprietor of any full- or part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. City Zip Code If you have more than State one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? ◪ No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? City State Zip Code

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Document Document Page 5 of 63 Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5:

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: ✓ I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of bankruptcy petition, and I received a certificate of completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. that you developed with the agency. I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of bankruptcy petition, but I do not have a certificate of completion. completion. Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment plan, if any. plan, if any, I certify that I asked for credit counseling services from I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those an approved agency, but was unable to obtain those services during the 7 days after I made my request, and services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver exigent circumstances merit a 30-day temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required filed for bankruptcy, and what exigent circumstances required you to file this case. you to file this case. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your payment plan you developed, if any. If you do not do so, your case may be dismissed. case may be dismissed. Any extension of the 30-day deadline is granted only for cause Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. about finances.

Disability. My physical disability causes me to be

unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Disability. My physical disability causes me to be

unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

Active duty. I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Page 6 of 63 Document Document Answer These Questions for Reporting Purposes Part 6: 16.a Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16.b Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are Do you estimate that paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded ✓ No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **✓** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets to be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Cheyanne Johnson Signature of Debtor 2 Signature of Debtor 1 Executed on 12/17/2015 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Roger Leshinsky	
	Date 12/17/2015
Signature of Attorney for Debtor	MM / DD / YYYY
Roger Leshinsky	
Printed name	
Semrad Law Firm	
Firm name	
Number	
	e Zip Code
City	
Contact phone	Email address

<u>Doc 1 Filed 12/17/15 Entered 12/1</u>7/15 12:31:09 Desc Main Fill in this information to identify your case: Debtor 1 Cheyanne Johnson First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$39,136.00 1b. Copy line 62, Total personal property, from Schedule A/B \$39,136.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities

12/15

Entered 12/417/115/112/31:09 Desc Main Cheyan Gase 15-42495 Filed 12/4/7/445 м Дос 1 Debtor 1 Page 9 of 63 Answer These Questions for Administrative and Statistical Records Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$2,405.42 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

		Case 15-42495	Doc 1	Filed 12/17/15	Entered 12/1	7/15 12:31:09	Desc Main
Fill in this	informa	ation to identify your case	:		Ü		
Debtor 1		Cheyanne	M	Johnso			
Debtor 2		First Name	Middle	e Name Last N	ame		
	if filing)	First Name	Middle	e Name Last N	ame		
United Sta	ates Ba	nkruptcy Court for the:	Northern	District of IIII			
Case nun (If known)	nber			(3	State)		
Officia	al Fo	orm 106A/B					Check if this is an amended filing
Sche	dule	A/B: Prope	rtv				12/1
category v responsib write your	where yole for some	you think it fits best. Be supplying correct informand case number (if known)	e as complete ar mation. If more own). Answer e	t an asset only once. If an nd accurate as possible. If space is needed, attach a very question. Land, or Other Real	f two married people a a separate sheet to th	are filing together, both is form. On the top of a	n are equally any additional pages,
1. Do you			uitable interest i	n any residence, building	, land, or similar prop	erty?	
$\overline{\mathbf{A}}$		o to Part 2					
1.1		where is the property? address, if available, or o	other description	What is the property? Single-family home Duplex or multi-unit Condominium or co Manufactured or mo	building operative	the amount of ar	
	Numb	er Street State	Zip Code	Land Investment property Timeshare Other		interest (such a	ature of your ownership as fee simple, tenancy by or a life estate), if known.
				Who has an interest i Debtor 1 only Debtor 2 only Debtor 1 and Debto At least one of the d Other information you	r 2 only ebtors and another u wish to add about th	k one. Check if the character (see instru	·
If you	own or I	nave more than one, list h	ere:	property identification	ii iidiiibei		
1.2	Street	address, if available, or o	other description	What is the property? Single-family home Duplex or multi-unit Condominium or co	building operative	the amount of ar	
				Land	obile nome		_
	Numb			Investment property Timeshare		interest (such a	ature of your ownership as fee simple, tenancy by
	City	State	Zip Code	Who has an interest i Debtor 1 only Debtor 2 only Debtor 1 and Debto At least one of the d Other information you	r 2 only ebtors and another u wish to add about th		·

Debtor 1	Cheyan Gase 15-424		Filed 12/417/415 Entered 1:2/41/7/115	(ilk2:i31:09 Des	c Main	
	First Name Middle Name		Docume Page 11 of 63 //hat is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own?		
Num City	state	Zip Code	Investment property Timeshare Other	Describe the nature of interest (such as fee sin the entireties, or a life of	mple, tenancy by	
		w 	The has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is cor	nmunity property	
you have Part 2: Do you own that	ve attached for Part 1. Writ Describe Your Vehicle vn, lease, or have legal or e	e that number here. es equitable interest in a	any vehicles, whether they are registered or not? In report it on Schedule G: Executory Contracts and Unexpess	clude any vehicles		
D. Gars, va No	•	y veriloids, motordyon				
3.1	Make Model: Year: Approximate mileage: Other information: 2011 Chevy Traverse Est. m	Chevy Traverse 2011 8500 ileage 85000	Who has an interest in the property? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Do not deduct secured of the amount of any secure Creditors Who Have Clat Current value of the entire property? \$12825.00	·	
			Check if this is community property (see instructions)			
3.2	Make Model: Year: Approximate mileage:		Who has an interest in the property? Check one. Debtor 1 only		d claims on Schedule D: ims Secured by Property.	
	Other information:		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Current value of the entire property?	Current value of the portion you own?	

ebtor 1	Cheyan Gase 15-42495 MDoc First Name Middle Nar	1 Filed 12/117/115 Entered 12/117/116	5 (13k22ù31: <u>09 Des</u>	<u>c Main</u>	
3.3	Make Model: Year:	Docume Page 12 of 63 Who has an interest in the property? Check one. □ Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.		
	Approximate mileage: Other information:	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?	
		Check if this is community property (see instructions)			
3.4	Make Model:	Who has an interest in the property? Check one.	Do not deduct secured of the amount of any secure	ed claims on Schedule D:	
	Year:	Debtor 1 only	Creditors Who Have Cla	ims Secured by Property.	
	Approximate mileage: Other information:	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?	
	Culci illomaton.				
		At least one of the debtors and another			
		Check if this is community property (see instructions)			
4.1	Make Model: Year:	Who has an interest in the property? Check one.	· ·	aims or exemptions. Put d claims on Schedule D: ims Secured by Property.	
	Approximate mileage:	· — ·			
	Other information:	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?	
		At least one of the debtors and another Check if this is community property (see instructions)			
4.2	Make Model: Year:	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Propert		
	Approximate mileage:	Debtor 2 only	Current value of the	Current value of the	
	Other information:	Debtor 1 and Debtor 2 only At least one of the debtors and another	entire property?	portion you own?	
		Check if this is community property (see instructions)			
		for all of your entries from Part 2, including any entries t			

Debtor 1 Cheyan Gase 15-42495 MDoc 1 Filed 12/11/7/15 Entered 12/11/7/15 (11/2)/31:09 Desc Main

Page 13 of 63 Describe Your Personal and Household Items Part 3: Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No ✓ Yes. Describe... Used Furniture \$500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games **√** No Yes. Describe... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **✓** No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment **✓** No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ✓ Yes. Describe... Used Clothing & Shoes \$450.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses No Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe...

\$950.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here

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First Name Middle Name

Describe Your Financial Assets

Part 4:

Do	you own or have a	ny legal or equitable inte	rest in any of the following	; ?	portion you own? Do not deduct secured claims or exemptions.
	✓ No	e in your wallet, in your home, in a s	afe deposit box, and on hand when yo	ou file your petition Cash:	
17.	and other similar ins		certificates of deposit; shares in credunts with the same institution, list eac	lit unions, brokerage houses,	
	☐ No ✓ Yes		Institution name:		
		17.1. Checking account:	Bank of America		\$5.00
		17.2. Checking account:	Credit Union One		\$5.00
		17.3. Savings account:	Credit Union One		\$10.00
		17.4. Savings account:			· ·
		17.5. Certificates of deposit:			
		17.6. Other financial account:			
		17.7. Other financial account:			
		17.8. Other financial account:			
		17.9. Other financial account:			
18.		or publicly traded stocks evestment accounts with brokerage	firms, money market accounts		
	✓ No Yes	Institution or issuer name:			
19.	an LLC, partnership, a		ed and unincorporated business	es, including an interest in	
	Yes. Give specific information about them	Name of entity		% of ownership:	

Debtor		Middle Name D	OCUMENT F	Page 15 of 63	indregi (urkazowa) T. <u>09</u>	Desc Main
N	First Name overnment and corporate egotiable instruments in on-negotiable instruments. No					
	Yes. Give specific information about them	Issuer name:				
	etirement or pension xamples: Interests in IR	accounts A, ERISA, Keogh, 401(k), 403(b),	thrift savings account	s, or other pension or pr	rofit-sharing plans	
Ŀ	✓ No ✓ Yes. List each	Type of account:	Institution name:			
	account separately.	401(k) or similar plan:				_
		Pension plan:				_
		IRA:				_
		Retirement account:				
		Keogh:				_
		Additional account:				_
		Additional account:				_
Yo E:	xamples: Agreements vompanies, or others No	repayments leposits you have made so that you vith landlords, prepaid rent, public ι			ions	
	Yes	Electric:				
		Gas:				_
		Heating oil:				_
		Security deposit on rental unit:				_
		Prepaid rent:				
		Telephone:				
		Water:				
		Rented furniture:				
		Other:				<u>-</u>
	No	a periodic payment of money to your lssuer name and description:	ou, either for life or for	a number of years)		-
L	Yes					
		_				-

Dep				Desc Main
24.	First Name Interests in an education IRA, in an a 26 U.S.C. §§ 530(b)(1), 529A(b), and 52		age 16 of 63 or under a qualified state tuition program.	
	No Institution name and des	cription. Separately file the records of any i	nterests.11 U.S.C. § 521(c):	
25.	Trusts, equitable or future interests exercisable for your benefit	in property (other than anything listed	in line 1), and rights or powers	
	✓ No			
	Yes. Describe			
26.	Examples: Internet domain names, webs	de secrets, and other intellectual prope ites, proceeds from royalties and licensing		
	✓ No ☐ Yes. Describe] ———
27.	Licenses, franchises, and other gene Examples: Building permits, exclusive licenses.	eral intangibles censes, cooperative association holdings,	liquor licenses, professional licenses	_
	✓ No			
	Yes. Describe			
Moi	ney or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you			
	No✓ Yes. Give specific information	2015 Est. EIC	Federal:	\$3945.00
	about them, including whether you already filed the returns		State:	
	and the tax years		Local:	
29.		spousal support, child support, maintenan	ce, divorce settlement, property settlement	
	✓ No		Alimony:	
	Yes. Give specific information		Maintenance:	
			Support:	
			Divorce settlement:	
30	Other amounts someone owes you		Property settlement:	
JU.	Examples: Unpaid wages, disability insura	ance payments, disability benefits, sick pay d loans you made to someone else	, vacation pay, workers' compensation,	
	✓ No			
	Yes. Describe			

Deb	tor 1 Cheyanto a SC 15-42495 MUOC 1 First Name Middle Name	. FIIEO 12/dh/s/db5	Entered_Lasenus	productive (1977) 1980 1980 1980 1980 1980 1980 1980 1980	<u>esc Main</u>
31	Interests in insurance policies	Documetnt e	Page 17 of 63		
01.	Examples: Health, disability, or life insurance; health	th savings account (HSA); cre	edit, homeowner's, or rente	er's insurance	
		0 (//			
	No	Company name:		Beneficiary:	Surrender or refund value:
	Yes. Name the insurance company	Company name.		Bononolary.	Carronaci ci rolana valac.
	of each policy and list its value				
				· ·	-
32.	Any interest in property that is due you from se	omeone who has died			
	If you are the beneficiary of a living trust, expect pro	oceeds from a life insurance p	olicy, or are currently entitle	ed to receive	
	property because someone has died.				
	✓ No				
	Yes. Describe				
33.	Claims against third parties, whether or not yo	ou have filed a lawsuit or ma	ade a demand for payme	nt	
	Examples: Accidents, employment disputes, insura				
	✓ No				
	Yes. Describe				
34.	Other contingent and unliquidated claims of e to set off claims	every nature, including cou	interclaims of the debto	r and rights	
	—				
	No				
	Yes. Describe Potential claim against Fo	unders Insurance			\$15000.00
					<u> </u>
35.	Any financial assets you did not already list				
	✓ No				
	Yes. Describe				
	Tes. Describe				
36.	Add the dollar value of all of your entries from	Part 4, including any entrie	es for pages you have at	tached	\$18965.00
	for Part 4. Write that number here			<u> </u>	
Part	5: Describe Any Business-Related Pr	operty You Own or Ha	ve an Interest In. Li	st any real estate in	Part 1
	Do you own or have any legal or equitable inte			,	
<i>σ</i> ₁ .		. Soc in any submissoristates	- Proporty .		Current value of the
	No. Go to Part 6.				portion you own?
	Yes. Go to line 38.				Do not deduct secured claims
					or exemptions
38.	Accounts receivable or commissions you alrea	dy earned			
	✓ No				
	Yes. Describe				
20	Office equipment furnishings and supplies				
39.	Office equipment, furnishings, and supplies Examples: Business-related computers, software, r	modems printers copiers fav	machines rugs telephon	es desks chairs electronia	c devices
	_	moderno, printero, copiero, laz	triadillilos, rugs, telepiloll	oo, acono, arairo, erectivi il	O GOVIDOS
	✓ No				
	Yes. Describe				

	cor 1 Cheyan Gase 15	5-42495 MDoc 1 Middle Name	Filed 12/1/7/15 Documerly and tools of the property of the pro		Desc Main
40.	_	uipment, supplies you us	se in business, and tools of	your trade	
	No No				7
	Yes. Describe				
41.	Inventory				
	✓ No				
	Yes. Describe				
42.	Interests in partnershi	ips or joint ventures			
	✓ No				
	Yes. Give specific		Name of entity:	% of ownership:	
	information about				
	them				
43. (Customer lists, mailing	lists, or other compilatio	ns	·	
	✓ No	•			
		clude personally identifiable	information (as defined in 11 l	J.S.C. § 101(41A))?	
		,	`		
	☐ No	91 .			
	Yes. Descr	ibe			
44.	Any business-related p	property you did not alrea	dy list		
	✓ No				
	Yes. Give specific				
	information				
15 Δ	dd the dollar value of a	II of your entries from Par	rt 5, including any entries fo	r nages you have attached	
		-			
Part		Farm- and Commerci		perty You Own or Have an Interest I	1.
46.	Do you own or have a	ny legal or equitable inter	est in any farm- or commerc	cial fishing-related property?	
	✓ No. Go to Part 7.				Current value of the
	Yes. Go to line 47.				portion you own? Do not deduct secured
	_				claims
<i>1</i> 7	Farm animals				or exemptions
47.	Examples: Livestock, por	ultry, farm-raised fish			
	√ No				
	Yes. Describe				1

Debt	or 1 Cheyan Gase 15-42495 First Name	Middle Name		Entered 124 Page 19 of 6	eln7/11.5 /11.22.31: <u>09</u> 3	Desc I	Main
48.	Crops-either growing or harvestee	d	Doddinon	. ago _o			
	✓ No						
	Yes. Describe						
49.	Farm and fishing equipment, imple	ements, machir	nery fixtures, and tools	s of trade			
	✓ No	······································	, ,				
	Yes. Describe						
	Too. Dooriloo						
50.	Farm and fishing supplies, chemic	als, and feed					
	✓ No						
	Yes. Describe						
51.	Any farm- and commercial fishing- Examples: Livestock, poultry, farm-rais		y you did not already lis	st			
	✓ No						
	Yes. Describe						
52. A	dd the dollar value of all of your ent	ries from Part 6	, including any entries	for pages you have	attached	_	
for Pa	art 6. Write that number here				>		
D-4	December All Drements Ver	0	us on Interest in Th	hat Van Did Nat I	list Abava		
Part 53.	7: Describe All Property You Do you have other property of any			nat fou Did Not	LIST ADOVE		
55.	Examples: Season tickets, country club		n alleady list:				
	✓ No						
	Yes. Give specific						_
	information						
54. A	dd the dollar value of all of your ent	ries from Part 7	. Write that number her	re		.▶	
Part	8: List the Totals of Each Page 1	art of this Fo	orm				
55. F	art 1: Total real estate, line 2				>		
FC	out O total makining live 5						
	art 2 total vehicles, line 5		\$12825.0	00			
57. P	art 3: Total personal and household	d items, line 15	\$950.00				
58. P	art 4: Total financial assets, line 36		\$18965.0	00			
59. F	art 5: Total business-related prope	rty, line 45					
60. F	art 6: Total farm- and fishing-relate	ed property, line	= 52				
61. F	art 7: Total other property not liste	d, line 54					
	otal personal property. Add lines 56				1	Γ	
∪∠. I	otal personal property. Add illes 50	unough of	\$32740.0	00	Copy personal property to	otal ▶	
					171 - 171]	#
63. T	otal of all property on Schedule A/B	3. Add line 55 + li	ne 62				\$32740.00

	in this inform	Case 15-42495 ation to identify your case:	Doc 1 Filed 12/	17/15 Entered 12/	7/15 12:31:09	Desc Main
	otor 1	Cheyanne	M	Johnson		
	otor 2 ouse, if filing)	First Name	Middle Name	Last Name		
			Middle Name	Last Name istrict of Illinois		
	se number nown)			(State)		
•	•	orm 106C				Check if this is a amended filing
		C: The Prope	rty You Claim	as Exempt		12/1
For is to exe rece exe pro	each iten o state a s mpted up eive certa mption of perty is d t1: Ident	pecific dollar amount to the amount of any in benefits, and tax-ex 100% of fair market v etermined to exceed t	n as exempt, you must as exempt. Alternative applicable statutory compt retirement fundalue under a law that hat amount, your exelaim as Exempt	st specify the amount of ely, you may claim the filimit. Some exemptions ds—may be unlimited in limits the exemption to mption would be limited in if your spouse is filing with you.	ull fair market value —such as those for dollar amount. How a particular dollar I to the applicable s	r health aids, rights to wever, if you claim an amount and the value of the
		e claiming state and rederal no e claiming federal exemptions		0.3.C. § 522(b)(3)		
2.	For any pr	operty you list on Schedule	A/B that you claim as exe	mpt, fill in the information belo	ow.	
		ription of the property and lle A/B that lists this proper		Amount of the exemption you Check only one box for each ex	•	cific laws that allow exemption
	Brief description	Used Furniture	\$500.00	V		735 ILCS 5/12-1001(b)
	Line from Schedule A			\$500.00 100% of fair market value, applicable statutory limit		
	Brief description	Used Clothing & Shoo	es \$450.00	V		735 ILCS 5/12-1001(a), (e)
	Line from Schedule A		<u> </u>	\$450.00 100% of fair market value, applicable statutory limit		
3.	(Subject to	•	ery 3 years after that for case	? s filed on or after the date of adjust 1,215 days before you filed this o	,	

Cheyan Gase 15-42495 м Doc 1 Filed 12/4h7/445 Entered 1:244174145 /142:31:09 Desc Main Debtor 1 First Name

Page 21 of 63 Documetht me **Additional Page** Part 2: Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property Copy the value from Schedule A/B 735 ILCS 5/12-1001(b) Brief \$5.00 **V Bank of America** description: \$5.00 Line from 100% of fair market value, up to any Schedule A/B: 17 applicable statutory limit Brief 735 ILCS 5/12-1001(b) \$5.00 $\overline{}$ description: **Credit Union One** \$5.00 Line from 100% of fair market value, up to any Schedule A/B: 17 applicable statutory limit 735 ILCS 5/12-1001(b) Brief \$10.00 **✓** description: **Credit Union One** \$10.00 Line from 100% of fair market value, up to any Schedule A/B: applicable statutory limit 735 ILCS 5/12-1001(g)(1), (2), (3) Brief \$3,945.00 \checkmark 2015 Est. EIC description: \$3,945.00 Line from 100% of fair market value, up to any Schedule A/B: 28 applicable statutory limit 735 ILCS 5/12-1001(g)(1), (2), (3) 2015 Est. Child Tax Brief \$2,000.00 $\overline{\mathbf{V}}$ description: Credit \$2,000.00 Line from 100% of fair market value, up to any Schedule A/B: 28 applicable statutory limit 735 ILCS 5/12-1001(g)(1), (2), (3) Brief 2015 Est. Fed Income \$96.00 **V** description: Tax return \$96.00 Line from 100% of fair market value, up to any Schedule A/B: applicable statutory limit 735 ILCS 5/12-1001(h)(4)

Brief

description:

Schedule A/B:

Line from

Potential claim against

Founders Insurance

34

\$15,000.00

◪

\$15,000.00

100% of fair market value, up to any

applicable statutory limit

		Case 15-42495	Doc 1	Filed 12/17/15	Entered 12/1	7/15 12:31:09	Desc Main	
Filli	in this informa	ation to identify your case:			J			
Deb	otor 1	Cheyanne First Name	M Mid	Johns dle Name Last N	_			
	otor 2 ouse, if filing)	Eirat Nama	Mid	dla Nama Last N	lama			
(Орс	ouse, ii iiiiig <i>j</i>	First Name	IVIIO	dle Name Last N	ame			
Unit	ted States Ba	nkruptcy Court for the: N	orthern	District of III	inois State)			
	se number nown)			,,				
Of	ficial F	orm 106D						eck if this is a ended filing
Sc	hedu	le D: Creditoi	's WI	ho Have Clair	ns Secure	d by Prope	rty	12/1
corr form 1.	Do any creed No. Ch	nation. If more space top of any additional ditors have claims secured eck this box and submit this fo Il in all of the information belo	is need pages, by your porm to the	If two married people ed, copy the Addition write your name and coroperty?	al Page, fill it out, case number (if kr	number the entri nown).		
Part		II Secured Claims						
	claim. If mor		ticular clai	one secured claim, list the cre m, list the other creditors in Pa ling to the creditor's name.	' '	Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		NE AUTO FINAN				\$22,554.00	\$12,825.00	\$9,729.00
	Creditor's Na		Describe	e the property that secures	tne ciaim:			
	Number	Street		evy Traverse Est. mileage 850				
				e date you file, the claim is:	Check all that apply.			
	PLANO	Texas 75093	=	tingent				
	City	State ZIP Code	=	quidated				
	Who owes	the debt? Check one.		outed				
	✓ Debtor	1 only	Nature o	of lien. Check all that apply.				
	Debtor 2	2 only 1 and Debtor 2 only		greement you made (such as oan)	mortgage or secured			
		one of the debtors and	State	utory lien (such as tax lien, me	echanic's lien)			
	another		Judg	gment lien from a lawsuit				
		if this claim relates to a	Othe	er (including a right to offset) _		_		
		ınity debt vas incurred 2/1/2014	Last 4 d	igits of account number	1001			
2.2	Progressive					\$1,500.00	\$1,500.00	\$0.00
<u> </u>	Creditor's Na		Describe	e the property that secures	the claim:	ψ1,300.00	φ1,500.00	Ψ0.00
	10412 S Cid Number	Street		Furniture Value: \$1,500.00	Charle all that apply			
				tingent	спеск ан шасарру.			
	Oak Lawn	Illinois 60453		quidated				
	City	State ZIP Code						
		the debt? Check one.		outed				
	✓ Debtor	•		of lien. Check all that apply.				
	Debtor 2	•	_	igreement you made (such as oan)	mortgage or secured			
	=	1 and Debtor 2 only		utory lien (such as tax lien, me	echanic's lien)			
	another	one of the debtors and		gment lien from a lawsuit	onario o nort)			
		if this claim relates to a	= `	er (including a right to offset)				
		inity debt	-	· · · · · · · · · · · · · · · · · · ·		-		
	Date debt w	vas incurred		igits of account number	Marie al company	— — — — — — — — — — — — — — — — — — — —		

here:

Debtor 1	<u> Cheyan@ase 15-42495 мDoc</u>		h 16 5/i 1 k22iv31: <u>09</u>	<u>Desc Main</u>			
	First Name Middle Nan	Document Page 23 of 63					
Part:1	Additional Page	ū	Column A	Column B	Column C		
	After listing any entries on this page and so forth.	, number them beginning with 2.3, followed by 2.4,	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any		
2.3	Furniture and Rugs Outlet	- December the management that account the claims	\$2,800.0	0 \$2,800.00	\$0.00		
	Creditor's Name	Describe the property that secures the claim:					
	2 River PI Number Street	Leased Furniture Value: \$2,800.00					
	Number Street	As of the date you file, the claim is: Check all that app	oly.				
		Contingent					
	Lansing Illinois 60438	- Unliquidated					
	City State ZIP Code	Disputed					
	Who owes the debt? Check one.	Nature of lien. Check all that apply.					
	✓ Debtor 1 only						
	Debtor 2 only	An agreement you made (such as mortgage or secu	ured car				
	Debtor 1 and Debtor 2 only	loan)					
	At least one of the debtors and	Statutory lien (such as tax lien, mechanic's lien)					
	another	Judgment lien from a lawsuit					
	Check if this claim relates to a community debt	Other (including a right to offset)					
	Date debt was incurred	Last 4 digits of account number					
	Add the dollar value of your entr	ies in Column A on this page. Write that number her	e: \$2,800.0	0			
	If this is the last page of your for Write that number here:	m, add the dollar value totals from all pages.	\$26,854.0	00			

Fill	in this informa	Case 15-4249 ation to identify your case		ed 12/17/15	Entered 12/	17/15 12:31:09	Desc	Main	
Deb	otor 1	Cheyanne	М	Johns	on				
		First Name	Middle Name	e Last N	lame				
	otor 2								
(Sp	ouse, if filing)	First Name	Middle Name	e Last N	lame				
Uni	ted States Ba	ankruptcy Court for the:	Northern	District of II	linois				
				(:	State)				
	se number nown)								
<u> </u>	,								
Of	ficial Fo	orm 106E/F					Chec	k if this is an	amended filing
Sc	chedu	le E/F: Cre	ditors Who	Have U	nsecured	l Claims			12/15
106A are li the k	A/B) and on sisted in Schoones on the	Schedule G: Executory edule D: Creditors Whe left. Attach the Conti	expired leases that county Contracts and Unexposite of Hold Claims Secured nuation Page to this party Unsecured Clain	ired Leases (Offici of by Property. If mage. On the top of	al Form 106G). Do r ore space is neede	not include any credito d, copy the Part you ne	rs with parti	ally secured , number th	l claims that e entries in
1.		editors have priority un o to Part 2.	secured claims agains	t you?					
2.	identify what possible, lis Part 1. If me	at type of claim it is. If a cl at the claims in alphabetion ore than one creditor hol	d claims. If a creditor has laim has both priority and cal order according to the ds a particular claim, list	nonpriority amounts creditor's name. If the other creditors i	s, list that claim here a you have more than to n Part 3.	nd show both priority and	d nonpriority a	mounts. As r	much as
	(For an exp	planation of each type of	claim, see the instructions	s for this form in the	instruction booklet.)				
							Total claim	Priority amount	Nonpriority amount

Filed 12/4h7/4b5 Entered 12/4h7/h15 (4k2):31:09 Desc Main Cheyan Gase 15-42495 MDoc 1 Debtor 1 Page 25 of 63 List All of Your NONPRIORITY Unsecured Claims Part 2: Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ✓ Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 CONVERGENT OUTSOURCING \$2,519.00 - Last 4 digits of account number Nonpriority Creditor's Name 800 SW 39TH ST When was the debt incurred? 4/1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent 98057 RENTON Washington Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ✓ Debtor 1 only Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No ☐ Yes 4.2 FIFTH THIRD BANK \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 5050 KINGSLEY DR Number As of the date you file, the claim is: Check all that apply. Contingent CINCINNATI Ohio 45227 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **V** No ☐ Yes 4.3 FIRST PREMIER BANK \$540.00 - Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 601 S MINNESOTA AVE 9/1/2014 Number As of the date you file, the claim is: Check all that apply. Contingent SIOUX FALLS 57104 South Dakota Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? ✓ No Yes

Entered 12/41/7/115 (142431:09 Desc Main Cheyan Gase 15-42495 MDoc 1 Filed 12/4h7/445 Debtor 1 Part 2: First Name Middle Name Document Page 26 of 63

Part 2: Vour NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 FIRST PREMIER BANK \$480.00 Last 4 digits of account number Nonpriority Creditor's Name 601 S MINNESOTA AVE When was the debt incurred? 5/1/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent SIOUX FALLS South Dakota 57104 Unliquidated Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ✓ Debtor 1 only Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims

✓ Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Check if this claim relates to a community debt

Is the claim subject to offset?

✓ No
☐ Yes

Filed 12/117/115 Entered 12/117/115/11/2011:09 Desc Main

Document Plane Page 27 of 63 Debtor 1 Cheyan Gase 15-42495 MDoc 1
First Name Middle Name

Add the Amounts for Each Type of Unsecured Claim

	Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only 28 U.S.C. §159. Add the amounts for each type of unsecured claim.								
				Total claims					
Total claims from Part 1	6a.	Domestic support obligations.	6a.	\$0.00					
monit are i	6b.	Taxes and certain other debts you owe the	6b.	\$0.00					
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00					
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$0.00					
	6e.	Total. Add lines 6a through 6d.	6e.	\$0.00					
				Total claims					
Total claims from Part 2	6f.	Student loans	6f.	\$0.00					
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00					
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00					
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$5,539.00					
	6j.	Total. Add lines 6f through 6i.	6j.	\$5,539.00					

	Case 15-42495	5 Doc 1 Fil	ed 12/17/15	Entered 13	2 <u>/1</u> 7/15 12:31:09	Desc Main
Fill in this inform	ation to identify your case				71713 12.31.03	Desc Main
Debtor 1	Cheyanne First Name	M Middle Nam	Johns ne Last I	son Name	-	
Debtor 2 (Spouse, if filing)		Middle Nam		Name	-	
United States Ba	ankruptcy Court for the:	Northern	District of I	llinois	-	
Case number (If known)				State)	-	
Official F	Form 106G					Check if this is a amended filing
Schedul	e G: Executo	ory Contrac	cts and Ur	nexpired l	_eases	12/1
space is needed case number (if 1. Do you ha No. Chee Yes. Fill i	I, copy the additional pathnown). AVE any executory on the control of the information be all of the information or com	age, fill it out, number contracts or unear m with the court with you low even if the contract pany with whom you	r the entries, and a xpired leases? our other schedules. Yets or leases are listed I have the contract	ttach it to this pag You have nothing else I on Schedule A/B: or lease. Then state	e. On the top of any add se to report on this form. Property (Official Form 10	lease is for (for example, rent,
Person	or company with whom	n you have the contra	act or lease		State what the contr	act or lease is for
2.1 Dorrege F Name 18625 Oak	,			_	Residential Lease, Debtor is Lessee, Apartment Lease	
Number	Street					
<u>Lansing</u> City	Illir Sta		60438 Zip Code	_		
•			•			

		Case 15-4249	5 Doc 1 Filed 1	2/17/15 Entere	<u>ed 12/1</u> 7/15 12:31:09	Desc Main
Fill in	this informa	ation to identify your case	ə:	Į.	7710 12:01:00	Dood Main
Debto	or 1	Cheyanne	M	Johnson		
		First Name	Middle Name	Last Name		
Debto (Spou		First Name	Middle Name	Last Name		
United	d States Ba	nkruptcy Court for the:	Northern	District of Illinois		
Case	number	_		(State)		
(If kno	<u>, </u>	orm 106H				Check if this is an amended filing
Sch	nedule	H: Your Co	odebtors			12/1:
1. D	No Yes Vithin the I ouisiana, N No. Go	ast 8 years, have you l evada, New Mexico, Pue o to line 3.	ived in a community proper erto Rico, Texas, Washington, a	ty state or territory? (Co	·	ries include Arizona, California, Idaho,
L	yes. Di		oouse, or legal equivalent live v	vitn you at the time?		
	Y	es. In which community s	tate or territory did you live?		_ Fill in the name and current addre	ess of that person.
		Name of your spouse, for	ormer spouse, or legal equivale	ent	<u> </u>	
		Number Street				
		City	State	Zip Code		
a	s a codebt	or only if that person i	s a guarantor or cosigner. N	lake sure you have liste		t the person shown in line 2 again fficial Form 106D), <i>Schedule E/F</i> olumn 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

Fill in	this information to identify	your case:	14 = 14 =		7/15 12	:31:09 D	esc Main	
		Docur		age 30 or	00			
Debtor '	1 Cheyanne First Name	M Middle Name	Johnson Last Nar		-			
Debtor 2		madio i tamo	2001.101			Check if this is:		
(Spouse	e, if filing) First Name	Middle Name	Last Nar	me	-	An amended	d filing	
United S	States Bankruptcy Court for the:	Northern	District of Illing		-		nt showing post-p s of the following o	petition chapter 13 date:
Case nu					_	MANA / DD / X		
(If knowr	n) 					MM / DD / Y	YYY	
Offic	cial Form 106I							
Sche	edule I: Your Inc	ome						12/15
nform	e information about you ation about your spouse write your name and ca Describe Employme	e. If more space is neede se number (if known). A	ed, attach a	separate s				
	Fill in your employment		Debtor 1			Debtor 2		
	information.	Employment status	✓ Employed	4		Employed		
	If you have more than one job,		Not Employed			✓ Not Employed		
	attach a separate page with						eu	
	information about additional employers.	Occupation	Payroll Clerk	SCR Medical Transportation				
			SCR Medica					
	Include part time, seasonal, or	Employer's address	8801 S. Greenwood Ave. Number Street			Number Street		
	self-employed work.					Number Street		
	Occupation may include							
	student or homemaker, if it applies.							
	or normanar, it is applied.		Chicago City	Illinois State	60619 Zip Code	City	State	Zip Code
			2 years 11 mg		Zip Code	- ,		,
		How long employed there?	2 years 11 m	OTIU IS				
	2: Give Details About I	•	ave nothing to r	eport for any line	e, write \$0 in the s	pace. Include yo	ur non-filing spou	se unless you
are se	parated.							
•	or your non-filing spouse have mo rrate sheet to this form.	re than one employer, combine th	ne information f		·		•	space, attach
				For	Debtor 1	For Debtor 2 non-filing sp	~ -	
	ist monthly gross wages, salar eductions.) If not paid monthly, ca	'		2.	\$2,503.22		\$0.00	
3. E	stimate and list monthly overt	ime pay.		3.	+ \$0.00		+ \$0.00	
4. C	Calculate gross income. Add lin	e 2 + line 3.		4.	\$2,503.22		\$0.00	

Documentame Page 31 of 63 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4. \$0.00 \$2,503.22 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$347.84 \$0.00 5b. Mandatory contributions for retirement plans 5b. \$0.00 \$0.00 5c. Voluntary contributions for retirement plans 5c. \$54.17 \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 \$0.00 5e. Insurance 5e. \$144.47 \$0.00 5f. Domestic support obligations \$0.00 5f. \$0.00 \$0.00 5g. Union dues 5g. \$0.00 5h. Other deductions. Specify: 5h. -\$0.00 \$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. \$0.00 6. \$546.48 \$0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,956.74 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$0.00 \$0.00 8b. Interest and dividends 8b. \$0.00 \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce \$0.00 \$0.00 settlement, and property settlement. 8c. 8d. Unemployment compensation \$0.00 \$0.00 8d. 8e. Social Security \$0.00 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies \$0.00 \$0.00 Specify: 8f. 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. Specify: 8h. + \$0.00 \$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 \$0.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$1.956.74 \$0.00 \$1.956.74 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Voluntary Household Contributions \$0.00 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies \$1,956.74 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No Yes. Explain:

Filed 12/41/3/415

Entered 12/17/165 12:31:09 Desc Main

Debtor 1 Cheyann Case 15-42495 M Doc 1

	Case 15-4249	95	<u>2/17/15 Fntered 12/1</u>	7/15 12:31:09	Desc Main	
Fill in this info	rmation to identify your ca	ise:				
Debtor 1	Cheyanne	M	Johnson			
	First Name	Middle Name	Last Name			
Debtor 2				Check if this is:		
(Spouse, if fili	ng) First Name	Middle Name	Last Name	An amended filing	g	
United States	Bankruptcy Court for the:	Northern	District of Illinois (State)	A supplement she expenses as of the	owing post-petition chane following date:	apter 13
Case number (If known)			· · ·	MM / DD / YYYY		
Official	Form 106J			, 22 ,		
Schedu	ıle J: Your E	xpenses				12/15
nformation. In the first transfer of transfe	f more space is needed aswer every question.	, attach another sheet to this f	e filing together, both are equally form. On the top of any additional			
	scribe Your Housel	1010				
1. Is this a jo						
✓ No. G	Go to line 2					
Yes. I	Does Debtor 2 live in a s	separate household?				
	No					
	Yes. Debtor 2 must fi	le Official Forms 106J-2, Expens	ses for Separate Household of Debto	r 2.		
2. Do vou ha		No .	·			
-		Yes. Fill out this information for	Dependent's relationship to	Dependent's	Does dependent	t livo
Debtor 2.		each dependent	Debtor 1 or Debtor 2	age	with you?	
			Child	16 years	No.	
					✓ Yes.	
			Child	13 years	No.	
					✓ Yes.	
	xpenses include of people other	No				
than	- People of					
yourself a	nd your \Box	Yes				
Part 2: Est	timate Your Ongoing	g Monthly Expenses				
			ou are using this form as a supp			
applicable d		rupicy is ilieu. Il tilis is a sup	piemental Schedule 3, check the	box at the top of the for	ii and iii iii tile	
		cash government assistance it on Schedule I: Your Income			Your e	expenses
	al or home ownership ex for the ground or lot. 4.	penses for your residence. Inc	clude first mortgage payments and		4.	\$850.00
If not inc	cluded in line 4:					
4a. Real	estate taxes				4a	\$0.00
4b. Prope	erty, homeowner's, or rent	er's insurance			4b.	\$0.00
4c. Home	e maintenance, repair, and	upkeep expenses			4c.	\$0.00

\$0.00

4d.

4d. Homeowner's association or condominium dues

Debtor 1 Cheyan Gase 15-42495 MDoc 1 Filed 12/16/7/365 Entered 12/16/7/165 (162) 31:09 Desc Main

Document Page 33 of 63		
		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$125.00
6b. Water, sewer, garbage collection	6b.	\$0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$80.00
6d. Other. Specify: Cable/Internet	6d	\$75.00
7. Food and housekeeping supplies	7.	\$615.00
8. Childcare and children's education costs	8.	\$0.00
9. Clothing, laundry, and dry cleaning	9.	\$75.00
10. Personal care products and services	10.	\$50.00
11. Medical and dental expenses	11.	\$35.00
12. Transportation. Include gas, maintenance, bus or train fare.		\$60.00
Do not include car payments	12.	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
14. Charitable contributions and religious donations	14.	\$0.00
15. Insurance.Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a	\$0.00
15b. Health insurance	15b	\$0.00
15c. Vehicle insurance	15c	\$0.00
15d. Other insurance. Specify:	15d	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16	\$0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a	\$0.00
17b. Car payments for Vehicle 2	17b	\$0.00
17c. Other. Specify:	17c	\$0.00
17d. Other. Specify:	17d	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from		\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.Other payments you make to support others who do not live with you.		
Specify:	19.	\$0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		***
20a. Mortgages on other property	20a	\$0.00
20b. Real estate taxes 20b.	20b	\$0.00
20c. Property, homeowner's, or renter's insurance	20c	\$0.00
20d. Maintenance, repair, and upkeep expenses 20d.	20d	\$0.00
20e. Homeowner's association or condominium dues	20e	\$0.00

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21. Other. Specify:	Document 1	Page 34 of 63	21	\$0.00
22. Calculate your monthly expenses.			_	\$1,965.00
22a. Add lines 4 through 21.			_	\$0.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from	om Official Form 106J	-2	_	\$1,965.00
22c. Add line 22a and 22b. The result is your monthly expense	ses.		22.	
23. Calculate your monthly net income.				
23a. Copy line 12 (your combined monthly income) from Sch	hedule I.		23a	\$1,956.74
23b. Copy your monthly expenses from line 22 above.			23b	\$1,965.00
23c. Subtract your monthly expenses from your monthly inco	me.			(\$8.26)
The result is your monthly net income.			23c	<u> </u>
24. Do you expect an increase or decrease in your expens	ses within the year aft	er you file this form?		
For example, do you expect to finish paying for your car loan	, ,	, ,		
mortgage payment to increase or decrease because of a r	nodification to the term	s or your mongage?		
✓ No				
Yes				
Explain here:				
Explain note.				

		Case 15-4249	5 Doc 1 Filed 1	12/17/15 Entere	<u>d 12/1</u> 7/15 12:31:09	Desc Main
Fill	in this inform	ation to identify your cas			1713 12.31.03	Desc Main
Del	otor 1	Cheyanne First Name	M Middle Name	Johnson Last Name		
	otor 2 ouse, if filing	First Name	Middle Name	Last Name		
Uni	ted States Ba	ankruptcy Court for the:	Northern	District of Illinois (State)		
	se number nown)			(0.13110)		
Of	ficial F	orm 106De	eC			Check if this is a amended filing
De	clarat	ion About a	n Individual De	ebtor's Sched	ules	12/1
prop 1519	erty by frau , and 3571.					ing property, or obtaining money or rs, or both. 18 U.S.C. §§ 152, 1341,
	Did you pa	y or agree to pay some	eone who is NOT an attorne	y to help you fill out bank	ruptcy forms?	
		lame of person		Attach Bankruptcy Signature (Official	Petition Preparer's Notice, Declar Form 119).	ation, and
×	that they a	re true and correct.	e that I have read the summ	*	rith this declaration and ure of Debtor 2	
	Date <u>12/17</u>	/2015 DD/YYYY		Date _	MM/DD/YYYY	

Fill in this	Case	<u> 15-42495</u>	Doc 1	Filed 12/17/15	Entered 12	<u>/1</u> 7/15 12:31:09	Desc Main
	s information to ide	ntify your case			L j		
Debtor 1	Cheyanne	1	M	Johnso	on		
	First Nam	e	Middle I	Name Last N	ame		
Debtor 2 (Spouse,	; if filing) First Nam		Middle I	Name Last N	lame		
			iviluale i	vaille Lastiv	ame		
United S	States Bankruptcy C	ourt for the:	Northern	District of Illi	inois State)		
Case nu					naic)		
(If known)						Charletthia is as
Offic	ial Form	107					Check if this is ar amended filing
			al Affaira	for Individu	ala Filing	for Donkrunt	6 V
						for Bankrupt	•
							ring correct information. If more er (if known). Answer every question
•	, I	•					, , , , , , , , , , , , , , , , , , , ,
Part 1:	Give Details A	bout Your	Marital Status	and Where You Live	ved Before		
1. V	Vhat is your curre	nt marital sta	tus?				
Г.	✓ Married						
	Not married						
_	_						
2. D	uring the last 3 ye	ars, have you	lived anywhere o	other than where you live	e now?		
	No						
•	Yes. List all of th	e places you liv	red in the last 3 year	ars. Do not include where	you live now.		
	Debtor 1:			Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
				tileie			uicie
					Same as [Debtor 1	Same as Debtor 1
						20210	Same as Debior 1
	14340 Blackston	e Ave		F 4/4/0005			_
	14340 Blackston Number Street			From <u>1/1/2005</u>	Number Stree		From
				From 1/1/2005 To 1/1/2015	Number Stree		_
			60409		Number Stree		From
	Number Street		60409 Zip Code		Number Stree		From To
	Number Street Dalton	Illinois				et State Zip C	From To
	Number Street Dalton City	Illinois State		To <u>1/1/2015</u>	City Same as I	et State Zip C Debtor 1	From To ode Same as Debtor 1
	Number Street Dalton	Illinois State		To 1/1/2015	City	et State Zip C Debtor 1	From To Ode Same as Debtor 1
	Number Street Dalton City	Illinois State		To <u>1/1/2015</u>	City Same as I	et State Zip C Debtor 1	From To ode Same as Debtor 1
	Number Street Dalton City	Illinois State		To 1/1/2015	City Same as I	et State Zip C Debtor 1	From To ode Same as Debtor 1 From To To

Filed 12/1/7/15 Entered 12/1/7/15/1/2:31:09 Desc Main Document Page 37 of 63 $\begin{array}{c} \text{Debtor 1} \\ \text{Eirst Name} \end{array} \begin{array}{c} \underline{\text{CheyanGase 15-42495}} \\ \text{Middle Name} \end{array} \begin{array}{c} \underline{\text{MDoc 1}} \\ \underline{\text{Middle Name}} \end{array}$

Part 2:	Explain	the	Sources	of	Your	Income

F	Did you have any income from employment Fill in the total amount of income you received factivities. If you are filing a joint case and you hat No Yes. Fill in the details.	rom all jobs and all businesses,	including part-time		
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$28000.00	Wages, commissions, bonuses, tips Operating a business	
	For last calendar year: (January 1 to December 31,	✓ Wages, commissions, bonuses, tips☐ Operating a business	\$25007.00	Wages, commissions, bonuses, tips Operating a business	
	For last calendar year: (January 1 to December 31,	Wages, commissions, bonuses, tips Operating a business	\$25000.00	Wages, commissions, bonuses, tips Operating a business	
a	enefit payments; pensions; rental income; interent you have income that you received together, ist each source and the gross income from each No Yes. Fill in the details.	list it only once under Debtor 1.			ir you are tiling a joint case
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:				
	For last calendar year: (January 1 to December 31, 2014) YYYYY				
	For last calendar year: (January 1 to December 31,				

Debtor 1 <u>Cheyan Gase 15-42495 м Doc 1 Filed 12/11/7/415 Entered</u> 12/11/7/115 (1/12/21/31:09 <u>Desc Main</u>

irist Name Document Page 38 of 63

Filst Name	Middle Name	Document	Page 38 of 63	
Part 3: List Certain Payments You	ou Made Befor	e You Filed for B	ankruptcy	

Are eith	er Debtor 1's	or Debtor 2's o	debts primarily con	sumer debts?			
✓ No.			or 2 has primarily c sehold purpose."	onsumer debts. Cons	umer debts are defined in 11	U.S.C. § 101(8) as "incurred	d by an individual primarily
	During the 90	days before yo	u filed for bankruptcy,	, did you pay any credito	r a total of \$6,225* or more?		
	✓ No. Go t	o line 7.					
	tot	tal amount you p	paid that creditor. Do	not include payments fo	nore in one or more payment r domestic support obligation attorney for this bankruptcy c	s, such as	
	* Subject to a	djustment on 4/	01/16 and every 3 yea	ars after that for cases fil	ed on or after the date of adju	ustment.	
Yes.	Debtor 1 or	Debtor 2 or bo	oth have primarily o	consumer debts.			
	During the 90	days before yo	u filed for bankruptcy,	, did you pay any credito	r a total of \$600 or more?		
	✓ No. Go t	o line 7.					
	tha	at creditor. Do n	ot include payments		re and the total amount you p ligations, such as child suppo nkruptcy case.		
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
_	editor's Name ımber Street						Mortgage Car Credit card Loan repayment Suppliers or
Cit	ty	State	Zip Code				vendors Other
Cro	editor's Name				•		Mortgage Car
Nu	ımber Street						Credit card Loan repayment
							Suppliers or
Cit	ty	State	Zip Code				vendors Other
	editor's Name			-	· -	·	Mortgage
<u></u>	editor's Name						Car
Nu	ımber Street						Credit card
_							Loan repayment Suppliers or
Cit	ty	State	Zip Code				vendors
							Other

Cheyan Gase 15-42495 MDoc 1 Filed 12/147/15 Entered 12/147/145/142i31:09 Desc Main Debtor 1 Document Page 39 of 63 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment Insider's Name Number Street Citv State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Debtor 1 CheyanGease 15-42495 MDoc 1
First Name Middle Name

Document Page 40 of 63

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

List		a filed for bankruptcy, we ding personal injury cases							difications, and contract
□	No Yes. Fill in the details								
			Nature of	the case	Court or agend	су		Statu	s of the case
	Case title		Car Accid	ent - Personal Injury	Cook County Court Name			- =	ending In appeal
	Case number			50 West Washingto Number Street Chicago II		· ·		- 🗖 c	oncluded
					City	State	Zip Code	_	
	Case title				Court Name			- =	ending In appeal
	Case number				Number Street				oncluded
					City	State	Zip Code	_	
	Yes. Fill in the inforr	nation below.		Describe the propert	у		Date		Value of the property
	Creditor's Name			Explain what happen	ed				
	Number Street City	State Zip Co	ode	Property was repo Property was forec Property was garn Property was attac	closed. iished.	vied.			
			Γ	Describe the propert	у		Date		Value of the property
	Creditor's Name								
	Number Street			Explain what happen	ed				
		Chata 75: O	ado.	Property was repo					
	City	State Zip Co	oae	Property was lored Property was garn Property was attac	ished.	vied.			

Debto	or 1		<u>d 12/4ନ7/455 Entered</u> 12/41ନ7/115 /11/20031: ocum @ htm Page 41 of 63	09 Desc	<u>Main</u>
			creditor, including a bank or financial institution, set of	f any amounts fr	om your
		No Yes. Fill in the details.			
			Describe the property	Date	Value of the property
		Creditor's Name			
		Number Street			
		City State Zip Code	Last 4 digits of account number: XXXX-		
		in 1 year before you filed for bankruptcy, was any or iver, a custodian, or another official?	f your property in the possession of an assignee for the	e benefit of credi	tors, a court-appointed
		No Yes			
Part !	5: l	List Certain Gifts and Contributions			
13.	Wit	thin 2 years before you filed for bankruptcy, did you No	give any gifts with a total value of more than \$600 per p	person?	
	Ħ	Yes. Fill in the details for each gift.			
		Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
		Person to Whom You Gave the Gift			
		Number Street			
		City State Zip Code Person's relationship to you			
		Person to Whom You Gave the Gift			
		Number Street			
		City State Zip Code			
		Person's relationship to you			

Debt	tor 1		d 12/4h7/45 <u>Entered</u> 12/4h7/45 /42:31 ocumethtme Page 42 of 63	: <u>09 Desc</u>	<u>Main</u>
14.	Witl		give any gifts or contributions with a total value of mor	e than \$600 to an	y charity?
	✓	No			
		Yes. Fill in the details for each gift or contribution.			
		Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
		Charity's Name			
		Number Street			
		City State Zip Code			
Part	6:	List Certain Losses			
15.	gam	bling?	ou filed for bankruptcy, did you lose anything because	of theft, fire, othe	r disaster, or
	H	No Yes. Fill in the details.			
	_	Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	Value of property lost
		how the loss occurred	Include the amount that insurance has paid. List pending	loss	
			insurance claims on line 33 of Schedule A/B: Property.		
Port	7.	List Certain Payments or Transfers		_	
16.	seek Inclu	king bankruptcy or preparing a bankruptcy petition?	anyone else acting on your behalf pay or transfer any process of the counseling agencies for services required in your bankrupton		,
			Description and value of any property transferred	Date payment or transfer was made	Amount of payment
		Leshinsky, Roger	- 0.00	12/17/2015	\$0.00
		Person Who Was Paid			
		Number Street			
		City State Zip Code			
		Email or website address			
		Person Who Made the Payment, if Not You]	
		Person Who Was Paid			
		Number Street			
		City State Zip Code			
		Email or website address			

Debt	or 1	Cheyan Gase 15-4 First Name	42495		<u>ed 12/47/45 </u>		: <u>09 Desc</u>	Main
	you	nin 1 year before you deal with your credito not include any payment	ors or to ma	ake payments to you	r anyone else acting on your behalf ur creditors?		property to anyor	ne who promised to help
	✓	No Yes. Fill in the details.						
	_				Description and value of any prop	erty transferred	Date payment or transfer was made	Amount of payment
		Person Who Was Paid	t					
		Number Street						
		City	State	Zip Code				
	_	sfers that you have alreated No Yes. Fill in the details.	,	5 5 6 6 7 7 10 10				
					Description and value of any property transferred		property or paymebts paid in exch	
		Person Who Was Paid	t					
		Number Street						
		Person's relationship		Zip Code				
		Person Who Was Paid	t					
		Number Street						
		City Person's relationship	State to you	Zip Code				
9.		nin 10 years before yo ese are often called ass			transfer any property to a self-settle	ed trust or similar de	evice of which yo	u are a beneficiary?
	<u> </u>	No						
	Ц	Yes. Fill in the details.			Description and value of the prop	perty transferred		Date transfer was made
		Name of trust						

Debtor 1 CheyanGease 15-42495 MDoc 1 First Name Middle Name

Page 44 of 63 Documetht enter

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

	or tra	ansferred?	gs, money mark	ket, or other finan	cial accounts			n your name, or for you		
		No Yes. Fill in the deta	iils.							
					Last 4	4 digits of account er	Type of instrum	account or nent	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
		Person Who Was	Paid		xxxx	.		ecking vings		
		Number Street					Bro	ney market kerage		
		Person Who Was	State Paid	Zip Code	XXXX	-	Oth	ecking		
		Number Street					Moi	<i>r</i> ings ney market ıkerage		
		City	State	Zip Code			Oth	-		
:1.	valua	ou now nave, or cables? No Yes. Fill in the deta		vitnin 1 year ber		had access to it?	ny sare deposi	t box or other depositor		Do you still have it?
		Name of Financial	Institution		Name					☐ No ☐ Yes
		Number Street			Number	Street				Ш тез
		City	State	Zip Code	City	State	Zip Code			
22.	✓	you stored proposes No Yes. Fill in the deta		ge unit or place	other than	your home within	1 year before y	ou filed for bankruptcy	7?	
					Who else	had access to it?		Describe the content	s	Do you still have it?
		Name of Storage	Facility		Name					☐ No ☐ Yes
		Number Street			Number	Street				
		City	State	Zip Code	City	State	Zip Code			

Part	a- I		Docume				
23.		dentify Property You Hold or Contr			operty you borro	owed from, are storing for, or hold in tr	ust for someone.
20.	」 	No Yes. Fill in the details.	ine cise owns. I	morade any pro	sporty you borne	wice from, are storing for, or flore in the	dat for someone.
	_		Where is th	ne property?		Describe the contents	Value
		Owner's Name	Number Str	oot .		_	
				CCI			
		Number Street	City	State	Zip Code		
		City State Zip Code	<u> </u>				
Part	10:	Give Details About Environmental	Information				
Fort	the p	urpose of Part 10, the following definitions apply:					
Rep	ha in Sa or H	nvironmental law means any federal, state, or local azardous or toxic substances, wastes, or material cluding statutes or regulations controlling the clear te means any location, facility, or property as defined used to own, operate, or utilize it, including displacardous material means anything an environmental substance, hazardous material, pollutant, cor a notices, releases, and proceedings that you know the proceedings that you know the substance is noticed.	I into the air, land canup of these su ned under any en cosal sites. Intal law defines a cataminant, or simi	l, soil, surface w libstances, wast vironmental law lis a hazardous v ilar term.	ater, groundwater es, or material. , whether you now vaste, hazardous	, or other medium, own, operate, or utilize it	
24.		any governmental unit notified you that you No Yes. Fill in the details.	ı may be liable d	or potentially li		violation of an environmental law? Environmental law, if you know it	Date of notice
24.		No		or potentially li			Date of notice
24.		No Yes. Fill in the details.	Governmer	or potentially li ntal unit			Date of notice
24.		No Yes. Fill in the details. Name of site	Government	or potentially li ntal unit			Date of notice
		No Yes. Fill in the details. Name of site Number Street	Government Government Number Stree City	ntal unit al unit eet State	able under or in		Date of notice
	Have	No Yes. Fill in the details. Name of site Number Street City State Zip Code	Government Government Number Stree City	ntal unit al unit eet State	able under or in	Environmental law, if you know it	Date of notice
	Have	No Yes. Fill in the details. Name of site Number Street City State Zip Code e you notified any governmental unit of any No	Government Government Number Stree City	ntal unit al unit eet State rdous material	able under or in		Date of notice
	Have	No Yes. Fill in the details. Name of site Number Street City State Zip Code e you notified any governmental unit of any No	Government Government Number Street City release of hazar	or potentially lintal unit eet State rdous material	able under or in	Environmental law, if you know it	
	Have	No Yes. Fill in the details. Name of site Number Street City State Zip Code e you notified any governmental unit of any No Yes. Fill in the details.	Government Government	or potentially li ntal unit eet State rdous material	able under or in	Environmental law, if you know it	

Debtor 1 Cheyan Gase 15-42495 MDoc 1 Filed 12/14/7/445 Entered 12/14/7/445 (ALZ) 31:09 Desc Main

Debt	or 1	Cheyan Gase 1	5-42495			Entered 1:244	7/11.5 /11/2/31: <u>09</u>	Desc Main	<u> </u>
		First Name		Middle Name	Document —	Page 46 of 63			
26.	Hav	e you been a part	y in any judio	cial or administrativ	e proceeding under	any environmental lav	v? Include settlemer	its and orders.	
	✓	No							
		Yes. Fill in the deta	ails.						
				(Court or agency		Nature of the case		Status of the
									case
		Case title							Pending
					Court Name				On appeal
					Number Street				
									Concluded
		Case number		-	City Sta	te Zip Code			
Part	11.	Give Details /	Nhout Your	Rusiness or C	onnections to A	ny Rusiness			
Part	111:	Give Details F	About four	business of C	onnections to A	ny business			
27.	With	nin 4 years before	you filed for	bankruptcy, did yo	u own a business o	r have any of the follow	ving connections to	any business?	
		A sole proprie	etor or self-em	ployed in a trade, pro	ofession or other activ	vity, either full-time or part	t-time		
					· limited liability partne		t time		
		A partner in a		,	miniou naomity partitio				
				iging executive of a c	corporation				
					ecurities of a corporat	ion			
		No. None of the ab	ove annlies G	o to Part 12					
	H				elow for each busines	S.			
			app.y above t			ature of the business	Employer	Identification num	ber Do not
					20001120 1110 11			ocial Security numb	
							EIN:		
		Business Name							
		Number Street					Dates bus	iness existed	
		Number Street			Name of accou	ntant or bookkeeper	Date Date	mood oxiotod	
		City	State	Zip Code			From	То	
		- ,		,					
					Describe the na	ature of the business	Employer	Identification num	ber Do not
								ocial Security numb	
							EIN:		
		Business Name							
		Number Street					Dates bus	iness existed	
		· tannes			Name of accou	ntant or bookkeeper			
		City	State	Zip Code	_		From	To	
		•		·					
					Describe the na	ature of the business	Employer	Identification num	ber Do not
							include Sc	ocial Security numb	er or ITIN.
		Duningan Name					EIN:		
		Business Name							
		Number Street			_		Dates bus	iness existed	
					Name of accou	ntant or bookkeeper			
		City	State	Zip Code	_		From _	To	
		,							

Debtor	1 Cheyan Gase 15-42495 MDoc 1 First Name Middle Name	Filed 12/17/15 Entered 12/17/15/12:31:09 Desc Main Document Page 47 of 63	
	Vithin 2 years before you filed for bankruptcy, di reditors, or other parties.	id you give a financial statement to anyone about your business? Include all financial instit	utions,
	No Yes. Fill in the details below.		
	_	Date issued	
	Name	MM/DD/YYYY	
	Number Street		
	City State Zip Coo	de	
Part 12	2: Sign Below		
an	d correct. I understand that making a false state	encial Affairs and any attachments, and I declare under penalty of perjury that the answers a sement, concealing property, or obtaining money or property by fraud in connection with a b, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	re true
	Signature of Debtor 1	Signature of Debtor 2	
	Date 12/17/2015	Date 12/17/2015	
Di	d you attach additional pages to Your Statemer	nt of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?	
✓	No Yes		
Die			
	d you pay or agree to pay someone who is not a	an attorney to help you fill out bankruptcy forms?	
✓	d you pay or agree to pay someone who is not a	an attorney to help you fill out bankruptcy forms?	

	Case 15-4249	5 Doc 1 Filed '	12/17/15 En	tered 12/17/15 12:31:09	Desc Main
Fill in this informa	ation to identify your case			7713 12.01.03	Desc Main
Debtor 1	Cheyanne	M	Johnson		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	Northern	District of Illinois (State)		
(If known)					
Official F	orm 108				Check if this is an amended filing
Stateme	nt of Intenti	on for Individu	uals Filing	Under Chapter 7	12/15
■ creditors hav■ you have leasYou must file thi	e claims secured by yo sed personal property a s form with the court w	and the lease has not expir vithin 30 days after you file	ed. your bankruptcy pe	tition or by the date set for the meetin copies to the creditors and lessors yo	•
•	eople are filing togethe ust sign and date the	•	equally responsible f	or supplying correct information.	
_					

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? ✓ No. Surrender the property. Creditor's name: CAPITAL ONE AUTO FINAN Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: 2011 Chevy Traverse Est. mileage 85000 | Value: Retain the property and [explain]: \$12,825.00 Surrender the property. ✓ No. Creditor's name: Progressive Financial Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Leased Furniture | Value: \$1,500.00 Retain the property and [explain]: ✓ No. Creditor's Surrender the property. name: Furniture and Rugs Outlet Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Leased Furniture | Value: \$2,800.00 Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]:

Debtor Chey Grase 15-42495 MDoc 1 Filed 12/147/145 Entered 12/147/145 L2/31:09 Desc Main

1 Middle Name Document Name Rage 49 of Gan)

Part 2: List Your Unexpired Personal Property Leases

Lessor's name: Dorrege Realty Description of leased property: Apartment Lease Lessor's name: Description of leased property: Lessor's name: Description of leased property:	No Yes No Yes No Yes No Yes No Yes No Yes
Description of leased property:	No Yes No Yes No Yes No Yes
escription of leased operty: essor's name:	Yes No Yes No Yes No No No No No
operty: essor's name: escription of leased operty:	Yes No Yes No No No
escription of leased operty: essor's name: escription of leased operty: essor's name: escription of leased operty: essor's name: escription of leased operty:	Yes No Yes No No No
essor's name: escription of leased operty: essor's name: escription of leased operty: essor's name: escription of leased operty: essor's name:	Yes No
escription of leased operty: essor's name: escription of leased operty: essor's name: escription of leased operty:	Yes No
essor's name: escription of leased operty: essor's name: escription of leased operty:	
escription of leased operty: essor's name: escription of leased operty:	
essor's name: escription of leased operty:	
escription of leased operty:	
operty:	☐ No ☐ Yes
essor's name:	☐ No ☐ Yes
escription of leased operty:	
Sign Below	
der penalty of perjury, I declare that I have indicated my intention about any property of my estate the tit is subject to an unexpired lease.	at secures a debt and any personal propert

Date 12/17/2015

MM/DD/YYYY

Date 12/17/2015

MM/DD/YYYY

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

n re	Cheyanne Johnson ;		Case No.	
_	Debtor			(If known)
			Chapter	Chapter 7
	DISCLOSURE OF	COMPENSATION O	F ATTORNEY FOR D	FBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. year before the filing of the petition in bankruptcy, or	2016(b), I certify that I am the attorney or agreed to be paid to me, for services	for the abovenamed debtor(s) and the	at compensation paid to me within one
	in connection w ith the bankruptcy case is as follow	VS:		
	For legal services, I have agreed to accept			\$1,465.00
	Prior to the filing of this statement I have received			\$0.00
	Balance Due			\$1,465.00
2.	The source of the compensation paid to me was: Debtor	Other (specify)		
3.	The source of the compensation paid to me is: Debtor	Other (specify)		
4.	I have not agreed to share the above-disclose members and associates of my law firm.	ed compensation with any other persor	n unless they are	
	I have agreed to share the above-disclosed of members or associates of my law firm. A cop the people sharing in the compensation, is at	y of the agreement, together with a list		
5.	In return for the above-disclosed fee, I have agree a. Analysis of the debtor's financial situation			in bankruptcy;
	b. Preparation and filing of any petition, sch	edules, statements of affairs and plan	which may be required;	
	c. Representation of the debtor at the meet	ing of creditors and confirmation heari	ng, and any adjourned hearings there	eof;
6.	By agreement with the debtor(s), the above-disclo	sed fee does not include the following	services:	
		CERTIFICATION		
	certify that the foregoing is a complete statement of eedings.	any agreement or arrangement for pa	ayment to me for representation of the	e debtor(s) in this bankruptcy
	12/17/2015		/s/ Roger Leshinsky	
	Date		Signature of Attorney	
			Semrad Law Firm	
			Name of law firm	

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1465 attorney fees plus any necessary postpetition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$30.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

Initial:

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the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee of to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 12/17/15

Client

Attorney

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankrupt cy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7 : Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny

your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13 : Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/forms/hotice-individual-consumer-debtor.

Case 15-42495 Doc 1 Filed 12/17/15 Entered 12/17/15 12:31:09 Desc Main UNITED STATES BANKBURG GOURT Northern District of Illinois

In re:	Johnson, Cheyanne M ;	Case No	
	Debtor(s)		
		Chapter. Chapter7	
	VERIFICA ⁻	TION OF CREDITOR MATRIX	
	The above named Debtors hereby verify that t	ne attached list of creditors is true and correct to the best of their kn	owledge
_			
Date:	12/17/2015	/s/ Johnson, Cheyanne M	
		Johnson, Cheyanne M Signature of Debtor	
		/s/	
		Signature of Joint Debtor	

CAPITAL ONE CARREFIL TANA 2495 Doc 1 Filed 12/17/15 Entered 12/17/15 12:31:09 Desc Main 3901 DALLAS PKWY Document Page 56 of 63 PLANO, 75093

CONVERGENT OUTSOURCING PO Box 9004 Renton, 98057

FIRST PREMIER BANK 601 S MINNESOTA AVE SIOUX FALLS, 57104

FIRST PREMIER BANK 601 S MINNESOTA AVE SIOUX FALLS, 57104

Progressive Financial 10412 S Cicero Ave Oak Lawn, 60453

Furniture and Rugs Outlet 2 River Pl Lansing, 60438

FIFTH THIRD BANK 5050 KINGSLEY DR CINCINNATI, 45227 Case 15-42495 Doc 1 Filed 12/17/15 Entered 12/17/15 12:31:09 Desc Main Document Page 57 of 63

Case number (if known) Debtor 1 Cheyanne Johnson Middle Name First Name Answer These Questions for Reporting Purposes Part 6: 16.a Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16.b Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are Do you estimate that paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded ✓ No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? 25,001-50,000 1,000-5,000 **✓** 1-49 18. How many creditors 50.001-100.000 50-99 5,001-10,000 do you estimate that 10,001-25,000 More than 100,000 100-199 you owe? 200-999 \$500,000,001-\$1 billion \$0-\$50,000 31,000,001-\$10 million 19. How much do you \$10,000,001-\$50 million \$1,000,000,001-\$10 billion \$50,001-\$100,000 estimate your assets \$10,000,000,001-\$50 billion \$100,001-\$500,000 \$50,000,001-\$100 million to be worth? \$100,000,001-\$500 million More than \$50 billion \$500,001-\$1 million \$500,000,001-\$1 billion \$1,000,001-\$10 million **✓** \$0-\$50,000 20. How much do you \$1,000,000,001-\$10 billion \$50,001-\$100,000 \$10,000,001-\$50 million estimate your \$10,000,000,001-\$50 billion \$100.001-\$500.000 \$50,000,001-\$100 million liabilities to be? \$100,000,001-\$500 million More than \$50 billion \$500,001-\$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Cheyanne Johnson Signature of Debtor 2 Signature of Debtor 1 12/17/2015 Executed on Executed on __ MM / DD / YYYY MM / DD / YYYY

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Cheyanne Johnson Case number (if known) Debtor 1 Middle Name First Name I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about For your attorney, if eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the you are represented by relief available under each chapter for which the person is eligible. I also certify that I have delivered to the one debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify If you are not that I have no knowledge after an inquiry that the information in the schedules filed with the petition is represented by an incorrect. attorney, you do not X need to file this page. Date 12/17/2015 MM / DD / YYYY Signature of Attorney for Debtor Roger Leshinsky Printed name Semrad Law Firm Firm name Number Street State Zip Code City Contact phone Email address State Bar number

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Debtor 1	Cheyanne	M	Johnson
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing) First Name	Middle Name	Last Name
United States B	ankruptcy Court for the:	Northern	District of Illinois
			(State)
Case number			
(If known)			

Check if this is an amended filing

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part	1: Sign Below	
	Did you pay or agree to pay someone who is NOT an attorney to he	lp you fill out bankruptcy forms?
	☑ No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	,	
	Under penalty of perjury, I declare that I have read the summary and that they are true and correct.	d schedules filed with this declaration and
×	Isl Cheyanne Johnson Chuyen Colors Signature of Debtor 1	Signature of Debtor 2
	Date 12/17/2015 MM/DD/YYYY	Date MM/DD/YYYY

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Debtor Cheyanne Johnson Case number (if Μ Middle Name Last Name 1 First Name known) Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Dorrege Realty ✓ Yes Description of leased property: Apartment Lease No Lessor's name: Yes Description of leased property: Lessor's name: Yes Description of leased property: No Lessor's name: Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. 🗶 /s/ Cheyanne Johnson (Signature of Debtor 1 Signature of Debtor 1 Date 12/17/2015 Date 12/17/2015 MM/DD/YYYY MM/DD/YYYY

B 203 (12/94)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re	Cheyanne Johnson ;	Case No.			
	Debtor		(If known)		
		Chapter	Chapter 7		
		F COMPENSATION OF ATTORNEY FOR DEE			
1.	 Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. If year before the filing of the petition in bankruptcy, in connection with the bankruptcy case is as follows: 	P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that co or agreed to be paid to me, for services rendered or to be rendered on behalf of two:	mpensation paid to me within one the debtor(s) in contemplation of or		
	For legal services, I have agreed to accept		\$1,465.00		
	Prior to the filing of this statement I have received	d	\$0.00		
	Balance Due		\$1,465.00		
2.	. The source of the compensation paid to me was: Debtor	Other (specify)			
3.	. The source of the compensation paid to me is: Debtor	Other (specify)			
4.	I have not agreed to share the above-disclosmembers and associates of my law firm.	sed compensation with any other person unless they are			
		compensation with a other person or persons who are not py of the agreement, together with a list of the names of attached.			
5.	. In return for the above-disclosed fee, I have agre a. Analysis of the debtor's financial situation	ed to render legal service for all aspects of the bankruptcy case, including: in, and rendering advice to the debtor in determining whether to file a petition in b	ankruptcy;		
b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;					
	c. Representation of the debtor at the mee	eting of creditors and confirmation hearing, and any adjourned hearings thereof;			
6.	. By agreement with the debtor(s), the above-disci	osed fee does not include the following services:			
		CERTIFICATION			
proc	I certify that the foregoing is a complete statement eedings.	of any agreement or arrangement for payment to me for representation of the deb	otor(s) in this bankruptcy		
	12/17/2015	/s/ Roger Leshinsky			
	Date	Signature of Attorney	1.00101.0010		
		Semrad Law Firm			
		Name of law firm			
·					



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UNITED STATES BANKRUPTCY COURT Northern District of Illinois

In re:	Johnson, Cheyanne M ;	Case No	
	Debtor(s)		
		Chapter. Chapter7	
	VERIFICA	TION OF CREDITOR MATRIX	
	The above named Debtors hereby verify that	the attached list of creditors is true and correct to the best of their knowledge.	
Date:	12/17/2015	/s/ Johnson, Cheyanne M CMUROLAGO Nathan	
_		Johnson, Cheyanne M Signature of Debtor	
		/s/ Signature of Joint Debtor	
		anguitation and the second and the s	

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Debtor 1	Cheyanne	M	Johnson	Case number (if known)		
	First Name	Middle Name	Last Name			
				Column A Debtor 1	Column B Debtor 2 or	
				***	non-filing spouse	
	iployment compensation	and the amount re	social and was a bonofit under the	\$ <u>0.00</u>	\$0.00	
	ot enter the amount if you contend that I Security Act. Instead, list it here:			C		
	•		\$0.00			
For yo						
-	our spouse		\$0.00			
	on or retirement income. Do not it under the Social Security Act.	include any amo	ount received that was a	\$0.00	\$0.00	
Do no receiv	me from all other sources not li at include any benefits received und yed as a victim of a war crime, a cri stic terrorism. If necessary, list othe elow.	ler the Social Se me against huma	curity Act or payments anity, or international or			
T. (.)				+\$0.00	+\$0.00	
lotal a	amounts from separate pages, if ar	1y.			40.00	
	culate your total current monthly umn. Then add the total for Column			\$2,405.42	\$0.00	= \$2,405.42 Total current
						monthly income
Dord Or	Determine Whether the M	oons Tost A	anline to Vou			•
	Determine Whether the M					
12. Calcu	ılate your current monthly incor	ne for the year.	Follow these steps:			
12a. C	Copy your total current monthly inco	ome from line 11.	year or proper consists to the control of the contr		line 11 here →	\$2,405.42
1	Multiply by 12 (the number of mont	hs in a year).				X 12
	The result is your annual income for		form.		12b	\$28,865.04
120. 1	The result to your armual inservice to	. and part of the				420,000.01
			e u u di constant			
13 Calcu	late the median family income t	nat applies to y	ou. Follow these steps:	3		
Fill in t	the state in which you live.		Illinois			
	are state in which you ive.					
Fill in t	the number of people in your house	ehold.	3			
Fill in t	the median family income for your	state and size of	household.			\$73,516.00
	d a list of applicable median income ctions for this form. This list may als					
	do the lines compare?					
	<u> </u>					
14a.	Line 12b is less than or equal to Go to Part 3.	line 13. On the	top of page 1, check box 1, Th	here is no presumption of abuse.		
14b.	Line 12b is more than line 13. O Go to Part 3 and fill out Form 12		e 1, check box 2, The presump	ption of abuse is determined by Forr	n 122A-2.	
Part 3:	Sign Below					
By si	gning here, I declare under penalty	of perjury that th	ne information on this stateme	ent and in any attachments is true ar	ed correct.	
		1				
×	isi Cheyanne Johnson (M	1: 1am	Polyon X			
_	Signature of Debtor 1	warrar J	C. IV	Signature of Debtor 2		
		\smile ι		- J		
{	Date 12/17/2015			Date		
_	MM/DD/YYYY			MM/DD/YYYY		
lf v	ou checked line 14a, do NOT fill o	ut or file Form 12	2A-2.			
	ou checked line 14b, fill out Form 1					